

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015540

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 95

FILED APR 17 1963

1. PLACE OF DEATH

a. COUNTY FRANKLIN

b. CITY (if outside corporate limits, give TOWNSHIP only)
OR TOWN WASHINGTON

Length of stay in 1b

c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR INSTITUTION ST. FRANCIS HCSP.Inside Limits
Yes ☐ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY FRANKLIN

c. CITY OR TOWN LESLIE

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
LESLIE IZARA ANGELL4. DATE OF DEATH Month Day Year
APRIL 14 19635. SEX
MALE6. COLOR OR RACE
WHITE7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH FEB. 28, 1904

9. AGE (last birthday) 59

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY
Laborer11. BIRTHPLACE (City and state or country)
GERALD, MO.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

HENRY ANGELL

13b. MOTHER'S MAIDEN NAME

LASETA DRUSTE

14. NAME OF HUSBAND OR WIFE

ELLA MAE ANGELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates)

YES STATE MALT

16. SOCIAL SECURITY NO.

65

17. INFORMANT

Address

MRS. MARY DETMER R.R.#2 UNION, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac arrest

INTERVAL BETWEEN
ONSET AND DEATH
ImmediateConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Severe Anoxia, Progressive

10 yrs

DUE TO (c)

Chronic Progressive Bronchitis asthma

30 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Pulmonary fibrosis & Emphysema

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory; street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1957 to 14 Apr 63 and last saw him alive on 13 April 63
Death occurred at 1:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Wm Richardson, MD

22b. ADDRESS

Union, Mo

22c. DATE SIGNED

15 April 63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

4 17 1963

23c. NAME OF CEMETERY OR CREMATORY

UPPER ALTON CEM.

23d. LOCATION (City, town, or county)

ALTON ILLINOIS

(State)

24. FUNERAL DIRECTOR

ADDRESS

OLTMANN FUNERAL HOME UNION, MO.

25. DATE RECD. BY LOCAL REG.

4/15/63

26. REGISTRAR'S SIGNATURE

Leola C. Tidman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10365

20360

3

4 0

5 2

6

7 0

8 0

9 241X

10

11

12 2.0

13 5.0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Ralph Ottmann

Licensed Embalmer No. 4808

P. O. Address Union, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.